however slowly and gently a syringeful of liquid is thrown into the bladder, such injection is more irritating than the oozing in of the natural secretion by the ureters. An entire "sitting," then, consists in introducing the lithotrite; in crushing the calculus five or six or a smaller number of times, for which two or three minutes is a sufficient period; and in withdrawing the instrument.

"Such may be regarded as the rule of practice. But when the bladder is much atonied, its coats being deficient in tone, and a large portion of urine remains behind after each act of micturition, it is mostly advantageous to empty the bladder, and inject a few ounces of cool water. The stimulus of water at 60° or 70° Fahr. sometimes gives tone for a time to the muscular coats, and so aids in producing a better formed cavity for operating in than a capacious atonied, and flaccid bladder presents.

"Next, in reference to injections made subsequently to the crushing of the stone, little or nothing appears to be gained by their employment. Three or four rapid injections through a large evacuating catheter generally cause more and are calculated to do more mischief, than the operation of crushing. Besides it is not the best time to make them in relation to the object of their application. If used at all, it should be after nature has been allowed a period of three or four days at least in which to expel the *débris*. It is a remarkable power that which the urinary apparatus possesses of expelling foreign bodies, not only from the cavity of the bladder, but from the innermost termination of the organs in the kidney, and it appears perhaps to be scarcely enough relied on by some operators. It is a most happy provision for the safety of the individual, and, after all, relieves humanity of an infinitely greater number of stones than the surgeon does. He only comes in to remedy the exceptional failures of Nature. I like to feel how efficient an ally there is for the lithotritist in this said power, and to leave the expulsion of the *débris*, when properly pulverized, very much to those admirably adjusted arrangements existing for the purpose; and my experience of their capability in this respect is considerable and satisfactory. Only, when it fails, we must, as before, step in to aid Nature again, and promptly.

"On referring to my case-book, I find, in relation to the first question, that I have crushed upwards of a hundred times without using a preliminary injection; and, in relation to the second question, that I have completed successfully eleven cases of lithotrity, most of them recent, without once using the evacuating sound. The *débris* have been easily and entirely expelled by the natural powers of the patient."

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29. *Subpubic Puncture of the Bladder.*—To avoid the danger of peritonitis, which sometimes follows the operation of puncturing the bladder above the pubes, M. VOILLEMIER has devised the following operation. The patient is placed on his back, with the legs slightly separated; the pelvis is raised by a thick cushion, so as to bring the pubes forward, and to prevent the distended bladder from embarrassing the operator. An assistant, standing at the left side of the patient, draws the penis downwards and backwards. Sitting at the patient's right side, the surgeon feels with his right fore-finger for the suspensory ligament, and with his left hand he introduces by the side of this ligament a trocar, curved so as to pass round the pubic bone. During this stage of the operation, the instrument is carefully supported and guided by the right hand, lest the trocar should turn too suddenly and come into contact with the bone. The canula having entered the bladder, the trocar is withdrawn. The operation was successfully performed by M. Voillemier, in the Hospital St. Louis, on October 14th. The cicatrization of the wound was complete in forty-eight hours; and, at the time of reporting, no trace of the operation remained, beyond a fibrous cord indicating the passage of the instrument.—*Brit. Med. Journ.*, Jan. 23, 1864, from *Gaz. Méd. de Paris*, 14 Nov. 1863.

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30. *Left Ovary in the Sac of an Oblique Inguinal Hernia, occurring in a Young Woman.*—Mr. HOLMES COOTE communicated the following example of this to the Royal Medical and Chirurgical Society (Jan. 12, 1864):—

A young woman was brought into St. Bartholomew's Hospital with a swelling in the left groin, and suffering from the symptoms of strangulated hernia. In

the course of a few hours the usual operation was performed, when the ovary and the Fallopian tube were found in the sac. A similar malposition of parts was subsequently noticed on the opposite side of the body. The left ovary was removed, some thickened omentum cut away, and the patient was put to bed; but the sickness and constipation continued, and she died four days after the operation. The cause of the sickness, etc., was displacement of the stomach and transverse arch of the colon. Mr. Coote raises two questions: 1. Was the displacement of the ovaries congenital, or the consequence of the hernia? He inclines to the former opinion. 2. The woman stated that she had always menstruated regularly. Now, on the examination of the body, it was found that both ovaries were well developed, and that the formation of the Graafian vesicles was going on naturally; but the Fallopian tubes were quite impervious, the uterus was completely absent, and the vagina was a short canal—an inch and a half in length, and terminating in a thin membrane. She said that she had been menstruating the week before her admission; and some of the female attendants at the hospital noticed the usual marks, though faint, upon her dress. Are we to admit the possibility of menstruation under this abnormal condition of parts?

Mr. Partridge said it was a very interesting question to decide whether menstruation occurred, as was stated, under such circumstances as obtained in Mr. Coote's case, or whether it was merely a vicarious action. There was another question of great importance in a moral point of view, which presented itself to surgeons in such cases. Were they justified in emasculating, as it were, a woman in whom the ovaries were thus involved? A case had lately come under his care in which a difficulty of this kind existed. The patient was a male child, with the parts of generation so imperfectly developed that it was mistaken for a female, and christened and educated as such. It was discussed whether the testicles should be removed. The surgeon in attendance thought that they should, as their removal would be advantageous to the child in assisting it to keep up its assumed sex. Mr. Partridge decided, however, that the operation was not justifiable, and it was not resorted to. Mr. Partridge then referred to two cases in which the uterus was absent; the one was an unmarried, the other a married woman. In each the vagina was short, but the clitoris, ovaries, and breasts were fully developed. In neither of these cases had there been any menstruation.

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31. *Polypus in the Urethra in Man.*—M. Beyran, having had under his care a case of urethral polypus in a man aged twenty-six, has collected the few recorded instances of this kind, and has communicated the results of his investigations in a memoir read before the Surgical Society of Paris. Urethral polypi, he finds, are most commonly seated at the commencement of the canal, in the navicular fossa; they may, however, occupy partly also the spongy portion, and sometimes even the entire length of the urethra. They are almost always met with on the lower part of the canal. The causes producing them are obscure. The ages of the patients have varied from fifteen to thirty years: but old age does not appear to be altogether exempt. The development of the tumours does not appear to be favoured by acute or chronic gonorrhœa, nor by syphilis; but M. Beyran thinks that chronic inflammation of the urethral mucous membrane, together with masturbation, are not altogether foreign to their production. The commencement of urethral polypi is not characterized by any remarkable symptoms; but as they increase in size and invade the urethral canal, one of the first morbid signs which attracts the patient's attention, is that the flow of urine is affected much in the same way as in ordinary stricture. This symptom is soon accompanied by heat, pain, and swelling of the penis during micturition; and blood is discharged, either pure or mixed with urine. Coitus is painful, and the discharge of semen is impeded. The bladder is incompletely emptied; there are frequent desire to pass urine, and tenesmus of the neck of the bladder and of the rectum, as in diseases of the prostate and bladder. Excrescences of this kind may, unless properly treated, produce perforation and fistula of the urethra. In the cases hitherto observed, urethral polypi in man have presented themselves in the form of small tumours varying in size